Combined Declaration For Patent Application and Power of Attorney					,	ATTORNEY DOCKET 83799SLP			
As below named invent	tor, I hereby decla	re that:					1 00/000	<u> </u>	
My residence, post office address	•		ow next to	my name,					
I believe I am the original, first a	and sole inventor	(if only one	name is list	ted below) or an or	iginal, first and jo	int inver	tor (if plur	ıl names	are listed
below) of the subject matter which					ntitled:				
METHOD OF PROD	UCING A	MULTIN	ÆDIA	MEDIA					
MAR 2 6 2002 😩	.1								
The specification of which (check	only one item be	low):							
is attended hereto at									
X was filed as United State	e Application Se	rial No US	10/020 560	on 07 December	2001 and				
was amended on (if appl		1101 110. 00	10,020,000	on or bootings.					
	·	A 1			:L1-X				
was filed as PCT internat						.1	ا المواسمية وا		an descent
I hereby state that I have reviewed referred to above.	and understand	ne contents of	tne above-	identined specifical	non, including the	ciaims, a	is amended	by any a	пенатеп
I acknowledge the duty to disclos	se to the U.S. Pate	nt & Tradem	ark Office a	ll information know	n to me to be mat	erial to 1	oatentability	as defin	ed in Title
37, Code of Federal Regulations,		11000	0				,		
I hereby claim foreign priority be		35, United S	tates Code,	§119 (a)-*d) or 36	5 (b) of any foreig	n applic	ation(s) for 1	patent or	inventor's
certificate, or (365 (a) of any PCT									
and have also identified below ar	ny foreign applica	tions(s) for p	atent or inv	entor's certificate o	r any PCT interna	tional ap	plication(s)	designat	ing a least
one country other than the United	States of Americ	a filed by me	on the sam	e subject matter hav	ring a filing date b	efore tha	t of the appl	ication(s) of which
priority is claimed:					100110				
PRIOR FOREIGN/PCT APPLI	CATION(S) AN	D ANY PRIC	DRITY CLA	AIMS UNDER 35 U	J.S.C. 119:				
COUNTRY (# PCT, indicate PCT)	AF	PLICATION NUMBER		DATE OF (month/di			PRIORITY CLAIMED	INDER 35 USC	
			•				YES		МО
7							YES		NO
To the second se							YES		NO
of findings of the control of the co						L	<u> </u>		1
≡I hereby claim the benefit under 1	Title 35, United S	ates Code, 11	9 §(e) of a	ny United States pro	visional applicatio	n(s) liste	d below:		
PRIOR PROVISIONAL APPL	ICATION(S) AN	D ANY DDI	DITY CL	NIME LINDED 35 I	I S C 8119 (a):				
PRIOR PROVISIONAL APPL	ICA HON(S) AN	DANTERIC	JKIII CL	AINS UNDER 33	0.3.0. g i i3 (e).				
PROVISIONAL AF	PECATION NUMBER	•			FILING DATE (mo	nth/day/year)			
Andrews				•					
2.7 15. 100.2 15. 100.2 15.									
the United States of America that prior applications(s) in the mann Office all information known to between the filing date of the prior PRIOR US APPLICATIONS C	is/are listed belover provided by the me to be materior application(s) a	w and, insofar e first paragra al to patentab nd the nationa	as the subjuph of Title ility as deful or PCT in	ect matter of each of 35, §112, I acknown ined in Title 37, Conternational filing dates.	of the claims of this redge the duty to ode of Federal Re- te of this application	s applica disclose gulations on:	tion is not d to the U.S. §1.56, whi	isclosed Patent & ch becar	in that/thos Trademarl
35USC§120:									
U.S. APPLICATIONS						ST.	ATUS (Check o	one)	
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PC	T APPLICATIONS D	ESIGNATING TH	IE U.S.					-	
PCT APPLICATION NO. PCT FILIN		NG DATE		J.S. SERIAL NUMBERS ASSIGNED (if any)					
									
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									*;

Com	bined De	eclaration For	Patent Application	and Power of Attorney	(Continued)

ATTORNEY DOCKET 83799SLP

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company Customer No. 01333 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to: Patent Legal Staff Direct Telephone Calls to: (name and telephone number)					
		Eastman Ko 343 State Sta Rochester, N	Susan L. Parulski (585) 477-4027 FAX: (585) 477-4646		
2	FULL NAME OF INVENTOR	FAMILY NAME Loui	FIRST GIVEN NAME Alexander	SECOND GIVEN NAME C.	
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	FULL NAME OF INVENTOR	FAMILY NAME Cok	FIRST GIVEN NAME David	SECOND GIVEN NAME R.	
9:	RESIDENCE & CITIZENSHIP	Rochester	STATE OR FOREIGN COUNTRY New York 14610 USA	COUNTRY OF CITIZENSHIP USA	
¥	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company	343 State Street, Rochester	STATE & ZIP CODE (COUNTRY) New York 14650 USA	
2	FULL NAME OF INVENTOR	FAMILY NAME Stephany	FIRST GIVEN NAME Thomas	SECOND GIVEN NAME M.	
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4	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company	343 State Street, Rochester	STATE & ZIP CODE (COUNTRY) New York 14650 USA	
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
me ilm Nin	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
5	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)	
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
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6	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE OF INVENTOR 201	L OLONATURE OF BUILDING	
Alykon	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203 Cok
DATE	PATE	DATE
3/1/2002	3/11/2002	3/7/2002
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
Thomas M. Stephany	ŕ	
DATE	DATE	DATE
3/12/2002		